

P-39 INTEGRATING PATIENT-REPORTED OUTCOME MEASURES INTO SUPPORTIVE AND PALLIATIVE CARE TO FACILITATE HIGH-QUALITY PATIENT-CENTRED SUPPORTIVE CARE

^{1,2}Peter Poon, ²Catriona Parker, ^{1,2}Mika Musgrave-Takeda, ^{1,2}Isabella Hall, ^{1,2}Emmy Trinh. ¹Monash Health, Melbourne, Australia; ²Monash University, Melbourne, Australia

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Background Patient-reported outcome measures [PROMS] are validated surveys which can enhance decision-making and guide clinicians to address patients' most pressing concerns. Increasing in use since the turn of the century, PROMS are employed to gauge patients' clinical outcomes including symptoms, health-related quality-of-life and functional status. In Australia, although PROMS have been widely used in community and inpatient settings as part of national dataset collection, they have had only limited utility in tertiary hospital palliative care outpatient clinical services. Given the rise of telehealth implementation in the COVID-19 pandemic environment, alongside increases in digital health tools in recent years, PROMS applied to virtual supportive and palliative care clinics may not only facilitate better understanding of patients' needs and improve communication but also provide a self-reporting approach to detect evolving issues between clinic appointments. This implementation project invited clinicians, patients, and family members with palliative care experience to co-design the implementation paradigm of an electronic PROM (ePROM) tool for use by oncology patients attending palliative care virtual clinics.

Aim To identify barriers and expectations of clinicians and consumers in introducing an e-PROM system into clinical settings and inform an implementation strategy.

Methods Convenience sampling and mixed data collection were applied. Focus group interviews with clinicians and verbal surveys with consumers were conducted. Both clinicians and consumers were sampled from Monash Health services. Focus group interviews were transcribed verbatim and analysed using thematic analysis. Descriptive statistics and content analysis were used to analyse the verbal survey. The Consolidated Framework for Implementation Research guided the identification of key theme and code categories, as well as outline the implementation strategy.

Results Nine clinicians and 14 consumers participated. Qualitative data of both target groups was found to be saturated. While all participants expressed a readiness to use e-PROMs, barriers associated with clinical resources, such as a lack of administrative/clinical liaison support as well as patients' characteristics, such as age, language, and technical literacy were identified. Developing a procedural guideline that delineates the process, purpose and goal of e-PROM usage and identifying a clinical liaison role are significant for the implementation phase.

Conclusion Ensuring the involvement of clinicians and consumers is critical in developing approaches to address identified barriers for ePROMs. Considering participants as 'quasi-researchers' is impactful in co-ordinating/providing/delivering a safe and consumer-focused ePROM implementation. The findings of this research will facilitate a feasible ePROMS paradigm for use by oncology patients attending palliative care virtual clinics, with the potential of improved patient-centred care in the age of digital health tools.

P-40 A SURVEY EXPLORING CURRENT PRACTICE IN OPIOID PRESCRIBING FOR CANCER PAIN BY PALLIATIVE CARE, MEDICAL ONCOLOGY AND GENERAL PRACTICE SPECIALISTS IN AUSTRALIA AND NEW ZEALAND

^{1,2}Rachel Everitt, ^{1,2}Peter Poon, ²Catriona Parker, ^{1,2}Isabella Hall. ¹Monash Health, Clayton, Australia; ²Monash University, Clayton, Australia

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Background Pain is common amongst cancer patients and is often undertreated. Over the past 30 years the use of opioids has proven an effective treatment, with multiple evidence-based guidelines available. Increasingly, barriers to prescribing opioids have been described both internationally and within Australia and New Zealand, including the supply, availability and access to various opioids.

Objectives This study aimed to describe current practice in opioid prescribing for cancer pain by Palliative Care, Medical Oncology and General Practice clinicians in Australia and New Zealand; identify factors that influence prescribing of opioids; and explore how supply issues have impacted opioid prescribing.

Methods Invitations were circulated via peak bodies to participate in a cross-sectional survey administered online (Qualtrics).

Results 114 doctors responded to the survey (85 Australia, 29 New Zealand). 100 worked in Palliative care, 5 in Medical Oncology, and 13 in General Practice. Morphine and oxycodone were the most commonly prescribed long-acting opioids for cancer pain in both Australia and New Zealand. The most common reasons for selection were availability, cost, and alignment with colleagues' practice. Most clinicians rarely used weak opioids in the management of cancer pain. There was a high level of experience and self-reported knowledge in prescribing opioids. Factors influencing opioid prescribing included current restrictions in prescribing (85.8%), and potential side effects (82.1%), while only around 25% of clinicians were concerned about addiction or about professional/legal repercussions. When selecting background opioids the patient-factors considered were: mechanism of pain (91.5%), renal function (92.5%) and routes of medication available (92.5%), with the least important factors being marketing (0%) and stigma regarding opioids (31.1%). The most likely factors to trigger opioid rotation were intolerable side effects (100%), inadequate analgesia (99%), and mode of delivery (98.1%). When rotating opioids for cancer pain, most clinicians relied on their own knowledge (91.4%) and/or sought advice from colleagues (54.8%), while only 27.9% sought advice from pharmacists. The most frequently used guidelines were the Palliative Care Formulary, ANZCA opioid calculator and local guidelines. 74.8% of Australian clinicians reported that the supply/availability of opioids impacted their practice last year (2023). Of those, 92.2% report having to choose a less preferred opioid option. Hydromorphone (both long and short-acting) was the most commonly reported medication impacted by availability. Clinicians described wanting to use hydromorphone as a rotation option due to its effectiveness, potency, and particularly for use in patients with renal impairment. Almost all Australian clinicians agreed stronger government policy is needed for consistent opioid supply.

Conclusion Opioid prescribing for cancer pain was largely mechanistic, highly influenced by cost and availability of medications. Despite differences in the availability of opioids in